

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO.

FILING DATE

APPLICANT/ST

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
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46		/				
47		/				
48		/				
49		/				
50		/				
TOTAL IND.	11					
TOTAL DEP.	18					
TOTAL	29	1500	1500	1500	1500	1500

	IND.	DEP.	IND.	DEP.	IND.	DEP.
61						
62						
63						
64						
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL	1225	1555	1555	1555	1555	1555